

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 10-23-01 through 3-29-02.
- b. The request was received on 7-19-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR 116) that was mailed to the Requestor on 8-6-02. The Requestor did not respond per Rule 133.307 (g) (3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g) (4). The Respondent's initial response is reflected in Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement noted in the dispute packet.
2. Respondent: No position statement noted in the dispute packet.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 10-23-01 through 3-29-02.
2. The carrier has denied the billed services as reflected on the EOBs as, "414 – F – Fee Guideline/WP-Whole Procedure"; "9 – F – Fee Guideline/Exceeds number of allowable procedures in the Medical Fee Guideline."

Reaudit dated 6-4-02, "We find our original analysis is correct; therefore, no further reimbursement is recommended. The procedure in question is included in the basic allowance of another procedure performed on the same day"; "5 – G – Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure."

3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
10-23-01	97110	\$140.00	\$ 70.00	9	\$35.00 per 15 minute unit	Texas Workers' Compensation Act & Rules 133.307 (g) (3) (B); CPT Descriptors	When determining whether or not additional reimbursement is warranted, the Medical Review Division must first determine that the services were rendered as billed. Also, Commission Rule 133.307 (g) (3) (B) requires "a copy of any pertinent medical records or other documents relevant to the fee dispute" be submitted. The Requestor has failed to supply any medical documentation to support the services as billed. Therefore, no additional reimbursement is recommended.
11-02-01	97110	\$140.00	\$105.00	9			
11-07-01	97110	\$140.00	\$105.00	9			
11-14-01	95851	\$ 70.00	\$ 36.00	No code	\$36.00		
11-28-01	95851	\$ 70.00	\$ 36.00	No code			
12-04-01	97110	\$140.00	\$105.00	No code	\$35.00 per 15 minute unit		
12-11-01	97110	\$140.00	\$105.00	9			
12-12-01	95851	\$ 72.00	\$ 36.00	No code	\$36.00		
01-22-02	97750FC	\$200.00	\$-0-	No code	\$200.00		
01-22-02	97545	\$102.40	\$-0-	No code	\$64.00 per hr.		
01-22-02	97546	\$204.80	\$-0-	No code	\$64.00 per hr.		
03-25-02	99213	\$ 48.00	\$-0-	No code	\$48.00		
03-25-02	97110	\$105.00	\$-0-	No code	\$35.00 per 15 minute unit		
03-25-02	97530	\$ 70.00	\$-0-	No code	\$35.00 per 15 minute unit		
03-26-02	99213	\$ 48.00	\$-0-	No code	\$48.00		
03-26-02	97110	\$105.00	\$-0-	No code	\$35.00 per 15 minute unit		
03-26-02	97530	\$ 70.00	\$-0-	No code	\$35.00 per 15 minute unit		
03-29-02	95851	\$ 36.00	\$-0-	5	\$36.00		
Totals		\$1,901.20	\$598.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 16th day of December 2002.

Lesia Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll